

**REQUEST FOR CONTINUED
EXAMINATION
(RCE)
TRANSMITTAL**

Address to:
MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|--------------------|
| Application Number | 10/660,067 |
| Filing Date | September 11, 2003 |
| First Named Inventor | Bart DeLaender |
| Group Art Unit | 3637 |
| Examiner Name | J. Wilkens |
| Attorney Docket Number | 7001-72 (40987) |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114

a. ☐ Previously submitted

i. ☐ Consider the amendments/reply under 37 CFR § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. ☐ Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b. ☐ Other _____

3. Fees (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.14) when the RCE is filed; Fee calculated as shown below.)

a. ☒ The filing fee is being paid by Deposit Account No. 01-0484 on EFS-Web. The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 01-0484.

i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)


ii. ☐ Extension of time fee (37 C.F.R. § 1.137 and 1.17)

iii. ☐ Other _____

b. ☒ The Director is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Acct. No. 01-0484.

c. ☐ Payment by credit card (Form PTO-2038 enclosed).

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

| | | | |
|-----------|---|------|-------------------|
| NAME | Michael W. Taylor, Reg. No. 43,182 | | |
| SIGNATURE |  | DATE | December 11, 2006 |